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SOME PROBLEMS IN THE TRAINING OF PERSONNEL*

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Finding adequate numbers of trained public health personnel seems always to have been a problem. But this difficulty has been accentuated by the war. In the spring of 1945, of 29,000 established positions in the state and local health departments of the country, at least 23 percent were vacant. The engineering field suffered most with 50 percent of positions vacant. Medical vacancies were about 30 percent, nursing vacancies 22 percent, and sanitation vacancies 18 percent.

Improvement in but slight degree was experienced in the spring of 1946. From Kentucky it was reported that not a single health officer who had left for military service had returned to his position. Kentucky is handicapped by a constitutional limitation of \$5,000 for salaries. At the other extreme Florida reported a distinct improvement in personnel recruiting. Here the salary range for medical personnel had been raised from a range of \$4,000-6,000 to a range of \$6,000-8,000. In an examination held for Director of the Bureau of Tuberculosis 17 candidates applied. These candidates were not all people new to the field, however, and an appreciable number were drawn from other states.

RECRUITMENT PROBLEMS

The above comments relate to vacancies, but there is also the additional problem of recruitment of personnel to work in areas which have little or no full time public health service. In his well-known report on *Local Health Units for the Nation*, the Chairman of the Committee, Dr. Haven Emerson, reports to the American Public Health Association that to cover the country with even a minimum service there are needed 12,000 more public health nurses, 2,000 more labora-

tory technicians, 1,000 more public health engineers and 500 more health educators.

It is evident that physicians are hesitant to enter the public health field as a career. In the summer of 1946 the United States Public Health Service administered a training grant made available by the National Foundation for Infantile Paralysis. Eighty-five fellowships, paying around \$3,000 each were offered to physicians for a year's graduate work in a school of public health. There were 70 inquiries from physicians but only 28 actually submitted applications. Twenty-one fellowships were granted and seven later declined these fellowships. The end result was that in the fall of 1946 there were but 14 physicians enrolled in schools of public health on these fellowships.

Why the hesitation? Certainly the low remuneration offered in public health departments is one answer. A survey of salaries of about 60 percent of physicians in state and local health departments on file with the U. S. Public Health Service as of March 1, 1946, showed a range from about \$3,000 to \$18,000. The mode, or range of the most numerous salaries, was from \$4,500 to \$5,000. Only 13 percent of the physicians' salaries in health departments exceeded \$6,000. From the figures available, which represented somewhat less than two-thirds of physicians employed full time in state health departments alone, Michigan stood at the top with an average salary of \$6,370. Following in order were Washington \$6,360, Florida \$5,860, New York \$5,610, Connecticut \$5,560, California \$5,530. It is understood that the salary levels have improved somewhat since this period.

The question may be properly asked—what chances have health departments to fill their vacancies or expand their services when even the top six states do

* Presented before the California Health Officer's Conference, Fresno, February 13, 1947.

not hold out any striking salary allurements to physicians. The contrast of physicians' incomes in health departments with physicians in private practice is afforded from the returns of a small sample (5,000) of the latter as published in *Medical Economics* in 1945. Here the average *net* income of general practitioners in 1943 was given as \$6,500, of full specialists as \$10,400 and of all physicians as \$8,700. There are indications that the *net* income is on a much higher level today.

The vocational and job counseling service of the American Public Health Association reports that a small number of physicians are being placed in health departments at salaries from \$6,000 to \$7,200. There are scarcely any takers for positions paying less than \$6,000.

How can the country fill 6,000 vacancies for all types of professional and technical personnel in health departments to say nothing of recruiting 24,000 additional personnel called for in Emerson's studies?

It must be recognized that we are and shall continue to be in a competitive market. Professionally trained public health personnel are at a premium. Physicians and others with families are concerned not wholly with salaries but with good schooling opportunities for their growing children. In the small and more sparsely settled areas the general salary level of local government positions is frequently lower than in more populous districts. If salaries of professional public health people are pitched at these lower rates, the recruitment of competent staff is difficult if not impossible.

Surely the glamour of public health positions will need heightening, not only in terms of salaries but also in terms of related personnel policies such as retirement provisions, tenure and salary increments.

The recruitment campaign in high schools, colleges and universities can be pushed seriously and much more vigorously than it has been in the past. Unquestionably, if conducted on a high plane, this would pay dividends.

Financial aids for professional training must be continued and training facilities must be strengthened.

SUPPLY vs. DEMAND

Public health personnel receive their training in different types of schools—schools of public health nursing, schools of sanitary engineering, universities and schools of public health.

Most of the trainees in schools of public health are physicians and health educators. There are nine approved schools of public health. In the school year of 1945-46 there were 400 graduate students enrolled. Included in this number were 146 physicians. However, half of these physicians were from foreign countries. Only 73 were native physicians and hence potential employees for health departments in this country.

Nor did this number include wholly new people to the field. Many were employees of state and local health departments sent to school for special training.

In the present school year, 1946-47, the enrollment in public health schools has risen to 650. The number of native physicians in the group is about 150 or double last year's figure. Will this output of trained physicians meet the public health need?

The annual replacement of physicians to fill in for those reaching retirement age or leaving the service for various reasons is at least 150. With estimated vacancies of 600 medical positions at the present time it would call for training 200 a year if spread over three years. Even without considering the need for training of many physicians now employed who have not had specialized training, nor the additional physicians needed for the expected expansion in service the annual output of trained physicians by schools of public health should be between 300 and 400 a year at least for the next three years.

This year only 150 are being trained. Thus the outlook for an adequate supply of public health trained physicians is still dark.

FIELD TRAINING

Academic training of which we have been speaking is but one part of the training program. An academic degree is granted on what a student knows. It does not necessarily indicate how he will "do" on the job later. In addition to learning the why, the what and the how of public health practice, there is needed a period of field training before a health officer assumes the responsibility of directing a health department. As stated by Surgeon General Parran*, the health officer—

"Must plan the local health program and decide what needs to be done for community health protection. * * * He must understand the process of evaluation of health activities and health facilities. * * * He must know administration, how to give leadership to his staff and how to get along with people, professional and lay. * * * His field of operations is only partly medical. It also encompasses engineering and sanitary problems, social problems and research * * * administrative, laboratory and field."

The distinctive value of field training is in the opportunities offered the trainee to learn by doing, to accept responsibility, to make decisions, under qualified supervision.

Field training can be taken before or after specialized public health training. The New York State Health Department is a strong believer in orientation training

* Parran, Thomas, M.D., Surgeon General, U. S. Public Health Service, "Opportunities for the Medically Trained in Public Health," Jour. AMA December 22, 1945.

on the job before attending a school of public health. The advantages of appointing a physician to a trainee position in the department, health officer-in-training or epidemiologist-in-training, are that during the course of six months to a year he has a chance to determine whether he likes this field of work, and the employer has an opportunity to size up the trainee and decide whether he is adapted to the work and whether it is worth while to finance his academic training in a school of public health.

It is not always possible to follow this policy however. The young physician may have the desire for public health training directly following his medical course and internship. Thus field training at an established center or station will cater mostly to the young physicians without previous public health experience.

There are many problems to face in setting up a field training center and this responsibility must devolve largely upon the individual states and upon the state health department. In the first place there is not only the training of the physicians to consider but the training of public health nurses, health educators, public health engineers, sanitarians, laboratory technicians and statistical analysts as well as other specialized personnel.

The needs of these different groups are not identical. It is most difficult for one center to meet all those diverse needs either with facilities or instructors. Field training in some professional fields can best be done with a group of trainees. In other fields group training is not feasible. One, or at the most, two trainees is more suitable. Thus laboratory technicians may be trained in a group as they are concerned primarily with the procedures of analysis in a laboratory. On the other hand it would seem best for a health officer to have individual training. What he needs is an opportunity to try his hand at meeting practical situations as they arise and to have the experience of dealing with matters in his own way, under supervision. Engineers and sanitarians may be trained suitably in groups but most important are the presence of a broad array of learning facilities in the training area, such as a landfill garbage disposal operation, a water treatment plant, a sewage disposal plant, septic tanks with disposal through subsurface tile drains, milk sanitation on farms, pasteurization plants, rat proofing of buildings, mosquito eradication, restaurant sanitation, housing developments, swimming pool sanitation, industrial sanitation and waste disposal, stream pollution and the like. Statistical analysts may be trained in groups and nurses in small groups.

A single health department, particularly a small one, cannot absorb a large group training program with justice to its own work and necessary attention

to the trainee. Instructors will be needed in some instances to supplement the staff of a health department.

Thus it seems more realistic to think in terms of several training stations rather than in terms of a single training center.

The planning of field training stations, while the major responsibility of a state department of health, is an undertaking that ought to have the benefit of the thinking of local health officers, nursing supervisors and other specialized personnel. The mature person on the job who has had training and experience is in a good position to contribute ideas in the building of field training facilities and opportunities for the younger people entering the field.

It is hoped that the group of health officers here assembled will find this problem of sufficient import as to warrant the appointment of a committee to give serious consideration to these matters. In the work of such a committee the aid of their own supervisors and staff in different professional fields will be of inestimable value.

There are other matters that likewise must receive consideration such as the criteria to be set up in selecting training stations, the qualifications of the trainee to profit from this experience, the selection of appropriate instructors, the matter of credit or recognition to be given trainees, a method of evaluating training programs so that improvement may be built out of an accumulating experience.

It is from this experience of careful planning, trial and error in practice, and considered evaluation of the product, that California may meet its needs and thus do its part in contributing materially to the solution of one phase of the recruitment and training enigma which challenges the entire country.

DISCUSSION

In the discussion after the presentation of the talk some of the major points brought out by the participants were as follows:

Miss Rena Haig, Chief of the Bureau of Public Health Nursing, State Department of Public Health. The scarcity of physicians in public health departments is repeated in even greater degree with public health nurses. At present in the State there are over 300 nursing vacancies. The number of nurses completing their training in schools of public health nursing will supply little more than a tenth of those needed. Students in high school and junior colleges have been known to welcome the opportunity to serve as volunteers in health departments.

Dr. Lee Stone, Health Officer, Madera County. A training service that would be most helpful is the provision of travel to see other health departments, in this

State and elsewhere, for health officers who have not been able to leave their duties for years at a time. This opportunity would be most stimulating and instructive.

Dr. Martin Baum, Chief, Division of Milk Sanitation, Los Angeles City. Another form of useful training is through the exchange of personnel between health departments for a number of months to a year, thus acquainting personnel with new approaches to problems which might be used successfully in their own work.

Dr. Robert Dyar, Chief, Division of Preventive Medical Services, State Department of Public Health. One method that might be used to interest young physicians in the public health field is for the health departments to provide openings for internes during the summer months.

Dr. Roy Gilbert, Health Officer, Los Angeles County. The recruiting program ought not to be limited to universities and professional schools. It would be productive to acquaint high school students with the opportunities for career service in the public health field. Public health nursing should have a special appeal.

Dr. W. C. Buss, Health Officer, Kern County. The matter of salary is of extreme importance. We shall not be able to fill our ranks until salary levels in public health compare favorably with those in private practice and industry.

Mrs. Ann W. Haynes, Chief, Bureau of Health Education, State Department of Public Health. The pamphlet recently published by the American Public Health Association under the title *Public Health—A Career With a Future* would be useful in both universities and high schools. It is the feeling among health educators that instead of there being one health education trainee in a health department there should be two. The opportunity for discussion between two trainees is a most valuable adjunct to the learning experience.

Dr. James Greenwell, Director of Tuberculosis Division, San Mateo County. When there are a sufficient number of internes in an area to form an interne club or society, the health officer will find a receptive audience for the presentation of public health problems. This has been tried with the subject of tuberculosis control.

Dr. Malcolm H. Merrill, Deputy Director, State Department of Public Health. There are 125 technical laboratory positions in the health departments of California with 22 vacancies at the present time. Most of these vacancies are in the rural area where extreme difficulty has been experienced in filling positions. For a number of years the State Health Department Laboratory has been carrying on an in-service apprentice-

ship training. Since 1941 approximately 55 candidates have been given a training experience of six months duration. It is hoped that the current shortage of laboratory technicians will be materially relieved before the end of the year.

In the final session of the conference Dr. Edward L. Russell, president of the Health Officers Association announced the appointment of a Committee on Field Training as follows:

Dr. Ira Church, Santa Barbara County, Chairman
Dr. Kenneth Hayworth, Humboldt County
Dr. Roy Gilbert, Los Angeles County
Mr. Louis Olson, Palo Alto
Dr. W. C. Buss, Kern County
Dr. George T. Palmer, State Dept. of Public Health

H. C. PETERS RETIRES

After more than 31 years of service to the California State Department of Public Health, Mr. Henry C. Peters, supervising inspector for the Bureau of Food and Drug Inspections has retired.

Mr. Peters entered the department in 1915. He was among the first group to be appointed on the basis of competitive examinations.

Characterizing his years of work in the department "one thing after another," Mr. Peters has traveled over the entire State enforcing provisions of the various food and drug acts. His wide experience will be missed by the bureau and department which he has served so efficiently.

MOSQUITO ABATEMENT DISTRICT'S POWER TO BORROW CLARIFIED

A recent opinion by the Attorney General (*California's Health*, February 15, 1947) called attention to the fact that the law governing a mosquito abatement district's power to borrow money needed clarification.

This situation has been rectified by an urgency bill which has been passed by the Legislature and approved by the Governor.

The new measure, which is already in effect, states that mosquito abatement district may "borrow money in any fiscal year and repay it on the same or in the next ensuing fiscal year. The amount borrowed in any fiscal year is not to exceed 15 cents on each \$100 of assessed valuation of the property in the district."

CLINICAL LABORATORY TECHNICIAN

An examination for *clinical laboratory technician* will be given by the California State Personnel Board on May 6, 1947. Final date for filing applications is April 15, 1947.

Further information and application forms may be obtained from the office of the State Personnel Board, 1015 L Street, Sacramento.

PENDING STATE HEALTH LEGISLATION—III

The following list, a continuation of those which have appeared in recent issues of *California's Health*, contains information regarding bills concerning public health and related fields which are now pending before the State Legislature.

SENATE

S.B. 927. (Desmond.) Mosquito abatement districts. Adds Sections 2399 and 2400 to the Health and Safety Code, providing a procedure for the dissolution of mosquito abatement districts. Referred to Committee on Local Government.

S.B. 928. (Desmond.) Mosquito abatement districts. Adds Article 6.5, comprising Sections 2350-2352, to Chapter 5 of Division 3 of the Health and Safety Code, providing a procedure whereby, if a district includes the greater part of the territory in each of two or more counties, the board of supervisors of any such county may effect the withdrawal of the county territory from the district. Referred to Committee on Local Government.

S.B. 990. (Dilworth, Weybret, and Watson.) Waste disposal. Adds Part 4 to Division 5 of the Health and Safety Code and Chapter 3 to Division 1 of the Water Code, rennumbers Sections 5439 and 5445 of the Health and Safety Code, and repeals Articles 2 and 3 of Chapter 6 of Part 3 of Division 5 of the Health and Safety Code, relating to liquid, gaseous, and solid waste disposal. Requires permits for such disposal issued by the State Department of Public Health after investigation of the effect of granting such permit (1) by the State Department of Public Health in relation to health, safety, water supply, comfort, recreation, industry and welfare; (2) by the Department of Public Works in relation to use of any source of water supply for agriculture; and (3) by the Department of Natural Resources, through the Fish and Game Commission, in relation to the preservation, protection and propagation of fish and wild life. Provides for appropriations of unspecified amounts to the three Departments for carrying out the provisions of the act. Referred to Committee on Public Health and Safety.

S.B. 1187. (Tenney.) Same as A.B. 2384. Water—pollution. Amends Section 5410 of the Health and Safety Code, relating to the definition of "sewage," to include "industrial wastes from any industrial process or industrial plant." Referred to Committee on Public Health and Safety.

S.B. 1224. (Breed.) Hospitals—county funds—medical societies. Adds Section 4307.6 to the Political Code. Provides that county boards of supervisors shall segregate moneys collected from patients in the county hospital into a hospital reimbursement fund and a physicians and surgeons fund. The physicians and surgeons fund consists of the funds remaining after defraying hospitalization costs of the patient to the county plus any sums specifically collected as compensation for the personal services of members of the

county hospital's medical staff who serve without compensation. Such fund shall be maintained separately from the funds of the county, and in the board of supervisors' discretion, may from time to time be paid by the county treasurer to the county medical society, to be used by such society for some purpose or purposes that will benefit the medical profession as a whole within such county, but not any individual physician and surgeon. Provides that the county society shall, at intervals specified by the board of supervisors, report to the board the disposition made by it of any such funds. Referred to Committee on Local Government.

S.B. 1257. (Burns.) Blood banks. Adds Chapter 5, comprising Sections 1630 to 1638, inclusive, to Division 2 of the Health and Safety Code. Provides that the State Department of Public Health shall assist in the development of community blood banks for the collection, processing, and distribution of human whole blood, blood plasma, and blood fraction products derived from human blood; prescribes the powers and duties of the Department with reference thereto; provides for the appointment by the Governor of an advisory board consisting of six members representing community blood banks, medical associations, hospital associations, and other groups; and appropriates seventy-five thousand dollars (\$75,000) to the State Department of Public Health to carry out the provisions of the act. Referred to Committee on Public Health and Safety.

S.B. 1259. (Burns.) Hospitals—licensing. Health and Safety Code—amends Sections 1403, 1415, and 1417; repeals Section 1413; amends and rennumbers Section 1413.5; adds Sections 1419-1421, inclusive. Welfare and Institutions Code—amends Sections 211, 215, and 218; amends and rennumbers Section 117. Relates to state licensing and supervision of public and private hospitals, institutions, and welfare functions, transferring jurisdiction over public hospitals from the Department of Social Welfare to the Department of Public Health, providing supervision and licensing of public hospitals by the Department of Public Health, and providing for reports by county boards of public welfare to the state departments having jurisdiction over the respective institutions and functions. Hospitals conducted, maintained, or operated by a local hospital district or county or city are not exempt from the provisions of the chapter. The bill also provides that the State Department of Public Health may delegate such of its authority under the chapter as it deems advisable to local health departments, the staffs and inspectorial services of which have the written approval of the department. Referred to Committee on Public Health and Safety.

S.B. 1267. (Weybret, Tenney, and O'Gara.) Tuberculosis—nonresident care. Adds Section 3300.4 to the Welfare and Institutions Code, providing that the State Department of Public Health may purchase or construct, maintain, and operate any facilities they deem necessary to care for persons in the county suffering from tuberculosis, and who are not legal resi-

dents of the county, and appropriating an unspecified amount to the department to carry out the provisions of the act. Referred to Committee on Social Welfare.

S.B. 1284. (Weybret.) Tuberculosis—grants-in-aid. Amends Sections 3300 and 3301, adds Section 3300.1, 3300.2, and 3300.3, and repeals Section 3300(a) of the Health and Safety Code. Provides that the amount of the tuberculosis subsidy provided by the State to local governmental units shall be (a) for the care of residents of the community providing the care, the sum of _____ dollars (\$ _____) per day, and (b) for the care of persons who are not residents of the community providing the care, a sum to be determined by the Bureau of Tuberculosis, but not to exceed five dollars (\$5) per day. Disputes between counties as to responsibility for care may be submitted to the State Department of Public Health, whose decision shall be final. Adds provision that State Department of Public Health may lease existing federal or state owned facilities, if sufficient facilities are not available. Appropriates an unspecified amount to the department to be used in carrying out the provisions of the chapter, in providing care for nonresident patients suffering from tuberculosis. Referred to Committee on Public Health and Safety.

S.B. 1319. (Keating.) Same as A.B. 2223. Public health assistance. Adds Chapter 8 to Part 2, Division 1, of the Health and Safety Code, relating to local administration of public health, providing for financial assistance to local health departments by the State Department of Public Health; providing for the establishment by the State Department of Public Health of minimum standards of personnel, organization and administration of local health departments, providing for the establishment of multi-county local health districts; and making an appropriation of three million dollars (\$3,000,000) to the department to carry out the provisions of the chapter and for making the allocations provided for therein. Referred to Committee on Public Health and Safety.

S.B. 1470. (Salsman.) Food sanitation. Adds Chapter 5, comprising Sections 28200 to 28325, inclusive, to Division 21 of the Health and Safety Code, to be known as the "California Restaurant Act." Provisions include definitions, sanitation requirements for restaurants, health requisites for employees and owners, and provision for enforcement and inspection by the state and local health departments. Referred to Committee on Public Health and Safety.

S.B. 1481. (Desmond.) Food—frozen—locker plants. An act providing for the regulation by the Department of Agriculture of the premises and the operations of plants for the storage of frozen food in individual lockers, by means of licensing and inspection. Provisions include requirements relating to construction and equipment of such plants, sanitation and cleanliness, water supply and toilet facilities, semiannual health certificates for employees, foods to be stored, records, etc. Referred to Committee on Agriculture.

S.C.R. 22. (Jespersen, Slater, McBride, et al.) Cerebral palsy. Concurrent resolution requesting that the Department of Public Health and the Department

of Education investigate the present program for the treatment, care, education, and training of spastic and crippled persons within the State, and report the results with their recommendations to the Fifty-eighth Session of the Legislature and to the Governor. Referred to Committee on Social Welfare.

ASSEMBLY

A.B. 1529 (S.B. 848). (Mrs. Niehouse.) Handicapped persons—licensing of institutions. See page 2, Legislative Letter No. 9. Adds Chapter 3, comprising Sections 1500 to 1517, inclusive, to Division 2 of the Health and Safety Code, providing for the licensing, inspection, and regulation by the State Department of Public Health of establishments rendering services to handicapped persons, and making an appropriation of fifteen thousand dollars (\$15,000) to the department to carry out the provisions of the act during the Ninety-ninth Fiscal Year. Covers both public and private establishments, with certain exceptions, providing to handicapped persons one or more of the following services: Schooling, medical advice, diagnosis or treatment, physiotherapy, any form of muscle training, massage, speech training, occupational therapy, vocational training, and custodial care. Provides that such establishments shall not continue to operate after January 1, 1948 without a license. Referred to Committee on Social Welfare.

A.B. 1581. (Debs and Geddes.) Hospitals—survey and construction. An act to provide for an inventory of existing hospitals, for a survey of the need for additional hospital facilities, and for the development and administration of a hospital construction program which will, in conjunction with existing facilities, afford hospitals adequate to serve all people of the State; and appropriating an unspecified amount of money, establishing methods of administration and control, providing for compliance with the requirements of the Federal Hospital Survey and Construction Act and regulations thereunder, authorizing the acceptance and expenditure of federal funds in accordance with such requirements. This bill, although it is cited as the "State Hospital Survey and Construction Act," is not the same as S.B. 353 or the same as A.B. 1481, but is a more general version apparently having similar intent. Referred to Committee on Public Health.

A.B. 1664. (Ralph C. Dills.) Syphilis—premarital examinations. Amends Section 79.01 of the Civil Code, by adding provision that for the purpose of the article relating to premarital examinations, the word "physician" shall include any person licensed to practice as a physician and surgeon or to practice chiropractic under the provisions of the Chiropractic Act. Referred to Committee on Public Health.

A.B. 1779. (Debs.) Local health districts. Amends Sections 926 and 928 of, and adds Sections 914.5, 914.6, 971, and 972 to, the Health and Safety Code, relating to local health districts. Provides an additional procedure whereby local health districts may be formed, changes the basis of representation on the district's board of trustees, extends the period during which members of the board of trustees hold office,

and provides for retirement benefits of employees. Referred to Committee on Public Health.

A.B. 1780. (Debs.) Local health districts. Adds Section 25 to the District Investigation Act of 1933, providing that the provisions of the act shall not apply to proceedings for the formation of a local health district when such proceedings have been recommended in writing by the State Director of Public Health to the governing bodies of the county or counties to be included in such district. Referred to Committee on Public Health.

A.B. 1783. (Silliman.) Waste disposal. Same as S.B. 990. (See Legislative Letter No. 9.) Adds Part 4 to Division 5 of the Health and Safety Code, rennumbers Sections 5439 and 5445 of the Health and Safety Code, and repeals Articles 2 and 3 of Chapter 6 of Part 3 of Division 5 of the Health and Safety Code, relating to liquid, gaseous, and solid waste disposal, and requiring permits therefor. Urgency measure. Referred to Committee on Conservation and Planning.

A.B. 1808. (Dunn.) Hospital districts—discrimination. Amends Sections 32125 and 32126 of the Health and Safety Code, relating to local hospital districts, by adding provisions prohibiting in district regulations, etc., or in leases, discrimination against any person on account of race, creed, or color, which directly or indirectly would deny any person the free choice of any physicians or surgeon licensed and practicing under Division 2, Chapter 5, of the Business and Professions Code. Referred to Committee on Public Health.

A.B. 1886. (Caldecott, Stewart, Mrs. Niehouse, et al.) Schools—physically handicapped. Amends Sections 5153, 7101, 7103, 9601, and 9609 of, and adds Sections 9601.1, 9601.2, and 9607.5 to, the Education Code, relating to the provision by school districts of education to physically handicapped minors, and providing allowances by the State Superintendent of Public Instruction to school districts for the excess cost of providing such education of not to exceed \$400 rather than \$200 for each unit of average daily attendance. Referred to Committee on Social Welfare.

A.B. 1917. (Hawkins and Rosenthal.) School lunches. Appropriates an unspecified amount to the Department of Education to provide a program of school lunches for the pupils of the several school districts of the State. Referred to Committee on Education.

A.B. 2036. (Brown.) Mosquito abatement districts. Amends Section 2240 of the Health and Safety Code, relating to the number of members of the district board of trustees. Referred to Committee on Public Health.

A.B. 2433. (Kilpatrick.) Boarding homes. Amends Sections 1620, 1621, 2300, and 2301 of the Welfare and Institutions Code, relating to the licensing of and the rules and regulations pertaining to institutions for child care, home-finding agencies, and institutions and boarding homes for aged persons. Amendments include provision that such licenses shall be obtained from the State Department of Public

Welfare or from a health department of a city, county, or city and county; and that any such rules and regulations adopted by the State Department of Social Welfare shall be limited to the social and welfare field only. Referred to Committee on Social Welfare.

A.B. 2434. (Kilpatrick.) Hospitals—licensing. Adds Section 1412 to the Health and Safety Code to provide that all hospitals operated by cities, counties, or cities and counties shall obtain a license to operate the same from the State Department of Public Health, and, that all privately owned or controlled hospitals shall obtain permits to operate them from local health departments. Referred to Committee on Public Health.

A.B. 2488. (O'Day.) Food—deep freezing plants. Adds Chapter 2A to Division 8 of the Business and Professions Code, providing that plants for the deep-freezing of food products shall be licensed by the State Department of Public Health, that the State Department of Public Health shall make rules and regulations governing the operation of such plants, that all food frozen in such plants for sale shall conform to the quality requirements prescribed by law, and that the Department of Agriculture shall cooperate with the State Department of Public Health in administering and enforcing the provisions of this chapter. Referred to Committee on Agriculture.

A.B. 2489. (O'Day.) Food—deep freezing plants. Adds Article 5A to Chapter 3 of Division 21 of the Health and Safety Code, providing that plants for the deep-freezing of food products shall be licensed by the State Department of Public Health; that the department shall make rules and regulations for the operation of such plants to assure that the food products are wholesome and meet the quality requirements provided for by law and that the plant is operated in a clean and sanitary manner; and that any person operating such plant without a license or in violation of the department's rules and regulations is guilty of a misdemeanor. Referred to Committee on Agriculture.

A.C.A. 23. (Boyd.) Hospitals—state assistance. A resolution proposing an amendment to the State Constitution, by adding Section 31e to Article IV thereof, providing that "No provision of this Constitution shall be construed as a limitation on the power of the Legislature by general law to grant state assistance for the construction of hospitals, health centers, and related facilities to counties, cities and counties, cities, local hospital districts, other public districts authorized to construct and operate hospitals, and nonprofit corporations authorized to construct and operate hospitals, or any of them, whether or not the hospitals, health centers, and similar facilities for which such state assistance is granted are under the exclusive management and control of the State as state institutions. Any such acts of the Legislature heretofore adopted are hereby confirmed and declared valid and shall have the same force and effect as if adopted after the effective date of this section." Referred to Committee on Constitutional Amendments.

A.C.R. 36. (Dunn, Ralph C. Dills, et al.) Cerebral palsy. Concurrent resolution requesting that the Department of Public Health and the Department of

Education investigate the adequacy of the present program for the treatment, care, and education of spastic and crippled persons within the State who are so severely handicapped that they cannot be adequately cared for under the present program nor in the home, and report the results of their investigation and their recommendations to the 58th (General) Session of the Legislature and to the Governor. Referred to Committee on Rules.

A.C.R. 42. (Debs.) Cancer and other chronic diseases. Concurrent resolution requesting and directing the State Department of Public Health to investigate the problems involved in the reduction of deaths and disability from cancer and other chronic diseases and to report to the 1949 general session of the Legislature the results of its investigation and its recommendations as to a program for the reduction of such deaths and disability and the costs thereof. Referred to Committee on Rules.

FALSE CLAIMS REGARDING ALUMINUM UTENSIL DANGERS REPORTED

Inquiries received by the State Department of Public Health indicate that a large-scale sales promotion campaign for steel cooking utensils is being carried on in this State and elsewhere which is based on creating among housewives a fear of the health hazards involved in the use of aluminum cooking equipment.

Although it is not the purpose of this article to take sides for or against either type of cooking ware, it seems important to point out that a review of the literature on the subject has failed to disclose any toxicity or danger involved in the use of aluminum utensils for cooking.

Torald Sollman, M.D., in his *Manual of Pharmacology*¹ points out:

"In view of the harmlessness of aluminum compounds on oral administration, even when prolonged (aside from local actions if concentrated solutions are swallowed, and the phosphate disturbance if very large doses are given) is clearly established by both animal experiments and by clinical experience." . . . "This has been the conclusion of various government boards after prolonged and exhaustive experiments on men and animals. . . ."

This view is supported by many others and confirmed by the obviously favorable experience of thousands of people in the use of aluminum.

Sales promotion which proceeds on the false premise that the competing product is a hazard to health and attempts to create fear in the minds of lay people is a deplorable technique and one about which the public should be informed.

¹ Sollman, Torald, M.D., *Manual of Pharmacology*: W. B. Saunders and Co., 1942 (6th edition), pp. 1097-1098.

MORBIDITY REPORT—FEBRUARY, 1947 CIVILIAN CASES—CALIFORNIA

Reportable diseases	Week ending				Total cases	5-yr. median	Total cases
	2-8	2-15	2-22	31	Feb.	Feb.	Jan.-Feb., inc.
Amebiasis (amoebic dysentery).....	4		1	3	8		16
Anthrax.....							
Botulism.....							
Chancroid.....	6	11	14	11	42		111
Chickenpox (varicella).....	1,021	1,083	1,347	1,553	5,004	4,890	9,229
Cholera, Asiatic.....							
Coccidioid granuloma.....			2	2	4		9
Conjunctivitis—acute infectious of the newborn (ophthalmia neonatorum).....		2			2		4
Dengue.....	5						
Diarrhea of the newborn.....	5	4	7	23	39		73
Diphtheria.....	42	31	29	23	125	116	231
Dysentery, bacillary.....	1	2	1	4			20
Encephalitis, infectious.....	1		1		2	4	7
Epilepsy.....	25	46	44	40	155		303
Food poisoning.....	18	12	1	6	37		100
German measles (rubella).....	37	34	58	57	186		363
Glanders.....							
Gonococcus infection.....	610	667	634	564	2,475	1,224	5,931
Granuloma inguinale.....	1		2	3	5		11
Influenza, epidemic.....	12	18	43	21	94	403	157
Jaundice, infectious.....	6	5	3	3	17		23
Leprosy.....		1			1		5
Lymphogranuloma venereum (lymphoplasia venereum, lymphogranuloma inguinale).....	5	5	4	3	17		43
Malaria.....	1	3	6	2	12	11	23
Measles (rubella).....	182	245	235	236	898	2,907	1,501
Meningitis, meningococcal.....	8	5	8	7	28	78	68
Mumps (parotitis).....	391	396	421	497	1,705	2,780	3,203
Paratyphoid fever, A and B.....				13	14		19
Plague.....							
Pneumonia, infectious.....	37	24	40	26	127	462	414
Polio myelitis, acute anterior.....	16	13	9	14	52	15	130
Psittacosis.....							2
Rabies, human.....	5	4	5	7	21	39	52
Relapsing fever.....							
Rheumatic fever, acute.....	17	11	18	18	64		128
Rocky Mountain spotted fever.....							
Scarlet fever.....	139	145	158	160	602	927	1,234
Septic sore throat.....	14	8	19	6	47		98
Smallpox (variola).....					1	0	1
Syphilis.....	478	584	568	505	2,135	1,811	4,721
Tetanus.....	2	2			4		13
Trachoma.....							1
Trichinosis.....							2
Tuberculosis, pulmonary.....	172	156	180	192	700	566	1,406
Tuberculosis, other forms.....	16	6	11	15	48	34	85
Tularemia.....							
Typhoid fever.....	1	2			3	8	6
Typhus fever.....	1	2	1	1	5		9
Undulant fever (brucellosis).....	5	4	2	5	16	12	34
Whooping cough (pertussis).....	113	111	125	145	494	1,113	1,011
Yellow fever.....							
					15,196		30,800

AMERICAN MEDICAL ASSOCIATION COUNCIL URGES MILK PASTEURIZATION

"The pasteurization of milk is a public health measure. The public should demand pasteurized milk for drinking and for the use of pasteurized milk in milk products. The dairy trade should universally adopt pasteurization in the interest of public health. Only pasteurized milk is granted recognition by the council. There is no cogent evidence that pasteurized milk is inferior nutritionally to raw milk." Council of Foods and Nutrition of the American Medical Association.

